



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF STOCKHOLDER FORM
Payment Instruments, Money Transmission

Form may be used to add or delete stockholders.

Instructions:

1. Please provide **full given name, full residential address and date of birth** of officer or director, member or partner. First initials of officer or director, member or partner or P. O. Box address will not be acceptable. **If any such stockholder is a Corporation, LLC or Partnership, please provide names, residential addresses and dates of birth of the officers or directors, members or partners.**
2. If applicable, please complete **Request for Change of Officer Form**.
3. Please be advised, licenses **shall not be transferable or assignable**.
4. Any questions, please contact Jean Wright at 860-240-8209 or via e-mail at jean.wright@ct.gov.

Company Name _____ License Number(s) _____
DBA Name (if applicable) _____

PRESENT STOCKHOLDER SET-UP			
Full Given Name	Residential Address	Date of Birth	Percent of Ownership

PROPOSED STOCKHOLDER SET-UP			
Full Given Name	Residential Address	Date of Birth	Percent of Ownership

Name of person completing this form _____ Date: _____

Telephone # _____ E-mail Address _____